



*The Commonwealth of Massachusetts*  
*State Board of Retirement*  
*One Ashburton Place, Boston, MA 02108-1607*

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*Treasurer and Receiver General*  
*Chairman*

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**OPTION SELECTION FORM**

**OPTION B**

**LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH**

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32.

**I UNDERSTAND BY CHOOSING THIS OPTION, I WILL RECEIVE A REDUCED MONTHLY RETIREMENT ALLOWANCE FOR LIFE. I ALSO UNDERSTAND THAT UPON MY DEATH, IF THERE IS A REMAINING BALANCE IN MY ACCOUNT - DEPOSITS AND INTEREST – IT WILL BE REFUNDED TO MY BENEFICIARY (IES) OR ESTATE IN A LUMP SUM. THE DESIGNATED BENEFICIARY (IES) WILL RECEIVE A PRORATED AMOUNT FOR THE NUMBER OF DAYS I LIVE IN THE MONTH OF MY DEATH. I UNDERSTAND THAT THE ANNUITY PORTION OF MY ALLOWANCE IS REDUCED EACH MONTH. IF MY ANNUITY SAVINGS ACCOUNT IS DEPLETED AT TIME OF MY DEATH, I UNDERSTAND THAT THERE WILL BE NO SURVIVOR BENEFIT.**

**PLEASE INDICATE BELOW YOUR DESIGNATED BENEFICIARY (IES):**

**BENEFICIARY INFORMATION (MUST BE COMPLETED)**

**NAME:** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PROPORTION:** \_\_\_\_\_%

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_%

**ADDRESS:** \_\_\_\_\_

**TO ADD MORE BENEFICIARIES AND CONTINGENT BENEFICIARY (IES) USE SECOND PAGE/ SIDE OF THIS FORM.**

**MEMBER INFORMATION**

**PRINT NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF WITNESS- THIS OPTION FORM MUST BE WITNESSED. IF THE MEMBER IS MARRIED, THE WITNESS MUST BE THE SPOUSE.**

By witnessing this form, I acknowledge that I have read and understand the provisions of this Option:

**PRINT NAME:** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OPTION B**  
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**PLEASE INDICATE BELOW YOUR DESIGNATED BENEFICIARY (IES) and CONTINGENT BENEFICIARY (IES):**

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**NAME:** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PROPORTION:** \_\_\_\_\_ %

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ %

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ %

**ADDRESS:** \_\_\_\_\_

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